

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/582916

06 DEC 2006

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1	/			
3	2		/			
4	1		/			
5	2		/			
6	1		/			
7	2		/			
8	1		/			
9	2		/			
10	1		/			
11	/		/			
12	/		/			
13	2		/			
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TOTAL IND.	3		1			
TOTAL DEP.	12	←	19	←	←	
TOTAL CLAIMS	15		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓			
TOTAL DEP.		←		↓	←	↓
TOTAL CLAIMS						